

Printed 03/28/2000

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET N
09/420,695	10/19/1999	424	1651	RPP:156A-US

## APPLICANT

YASMIN THANAVALA, WILLIAMSVILLE, NEW YORK; CHARLES JOEL ARNTZEN, ITHACA, NEW YORK.

## \*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CIP OF 09/418,177 10/13/1999

md 3/28/00

## \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

md

## \*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

md

FOREIGN FILING LICENSE GRANTED 11/09/1999

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes O no O yes O no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	Examiner's Name Initials	NY	0	20	3

## ADDRESS

DUNN & ASSOCIATES  
P O BOX 96  
NEWFANE , NY 14108

## TITLE

ORAL IMMUNOLOGY USING PLANT PRODUCT CONTAINING HEPATITIS SURFACE  
ANTIGEN



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 3144

SERIAL NUMBER 09/420,695	FILING DATE 10/19/1999  RULE	CLASS 424	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. RPP:156A-US
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## APPLICANTS

YASMIN THANAVALA, WILLIAMSVILLE, NY;

CHARLES JOEL ARNTZEN, ITHACA, NY;

HUGH S. MASON, RESIDENCE, NOT PROVIDED;

\*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 09/418,177 10/13/1999 ABN

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/09/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NY		20	3
Examiner's Signature	Initials			

## ADDRESS

DUNN &amp; ASSOCIATES

P O BOX 10

NEWFANE, NY

14108

## TITLE

ORAL IMMUNOLOGY USING PLANT PRODUCT CONTAINING HEPATITIS SURFACE ANTIGEN

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
RECEIVED	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees ( Filing )
445	No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____



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Bib Data Sheet

CONFIRMATION NO. 3144

<b>SERIAL NUMBER</b> 09/420,695	<b>FILING DATE</b> 10/19/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> RPP:156A-US
<b>APPLICANTS</b> YASMIN THANAVALA, WILLIAMSVILLE, NY; CHARLES JOEL ARNTZEN, ITHACA, NY; HUGH S. MASON, RESIDENCE, NOT PROVIDED;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/418,177 10/13/1999 ABN <i>09/464,416 is a CIP of 09/418,177</i> <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/09/1999</b> <b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>mcAlred</i> <i>mcg</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 20 <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> DUNN & ASSOCIATES P O BOX 10 NEWFANE, NY 14108				
<b>TITLE</b> ORAL IMMUNOLOGY USING PLANT PRODUCT CONTAINING HEPATITIS SURFACE ANTIGEN				
<b>FILING FEE RECEIVED</b> 595	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	